

# Long Term Care Facility Advisory Board

**2015 Annual Report**

# **LONG TERM CARE FACILITY ADVISORY BOARD**

## **2015 ANNUAL REPORT**

### **SUMMARY:**

During 2015, the Long Term Care Facility Advisory Board recognized these key accomplishments:

- The Long Term Care Service continued to show good results in recruiting staff and in complaint investigations. High priority complaints investigated within 10 days reached 99%.
- The National Background Check program entered into the final phase of implementation.
- Processing times for nurse aide abuse allegations were reduced from the goal of 10 days to an average of 3 days.
- The Healthy Aging Ad Hoc Committee developed a pilot program for the reduction of falls in nursing homes.
- The Centers for Medicare and Medicaid Services' national goal of 20% for the reduction of antipsychotic use in residents with dementia was reached.
- Rule changes for bulk medications were proposed and approved by the Board of Health for Nursing Facilities, Specialized Facilities and Residential Care Facilities.

### **PURPOSE:**

The Long Term Care Facility Advisory Board is authorized by Section 1-1923 of the Oklahoma Nursing Home Care Act {63 O.S. § 1-1900 et seq.}. The Advisory Board, consisting of twenty-seven (27) members, is appointed by the Governor and functions as a professional advisory body to the State Commissioner of Health.

As part of their routine activities, the Advisory Board serves as an advisory body to the Oklahoma State Department of Health (OSDH) for the development and improvement of services to and care and treatment of residents of facilities subject to the provisions of the Nursing Home Care Act, homes subject to the provisions of the Residential Care Act, facilities subject to the Continuum of Care and Assisted Living Act, and facilities subject to the provisions of the Adult Day Care Act. The Advisory Board reviews, makes recommendations regarding and approves in its advisory capacity the system of standards developed by the Department of Health; and evaluates and reviews the standards, practices and procedures of the Department of Health regarding the administration and enforcement of the provisions of the Nursing Home Care Act, the Residential Care Act, the Continuum of Care and Assisted Living Act, and the Adult Day Care Act. The Advisory Board also

reviews and evaluates the quality of services and care and treatment provided to residents of facilities and residential care homes and participants in adult day care centers. The Advisory Board may make recommendations to the Department of Health as necessary and appropriate.

The Advisory Board annually publishes a report of its activities and any recommendations for the improvement of services and care in long term care facilities. The annual report is prepared for the Governor, the State Commissioner of Health, the State Board of Health, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the chief administrative officer of each agency affected by the report.

### **PROVIDERS:**

At the end of 2015, there were seven hundred (700) long term care facilities operating in Oklahoma.

- Nursing Facilities – 319
- Adult Day Care Centers – 42
- Assisted Living Centers – 165
- Continuum of Care Facilities – 18
- Intermediate Care Facilities for Individuals with Intellectual Disabilities – 88
- Residential Care Homes – 68

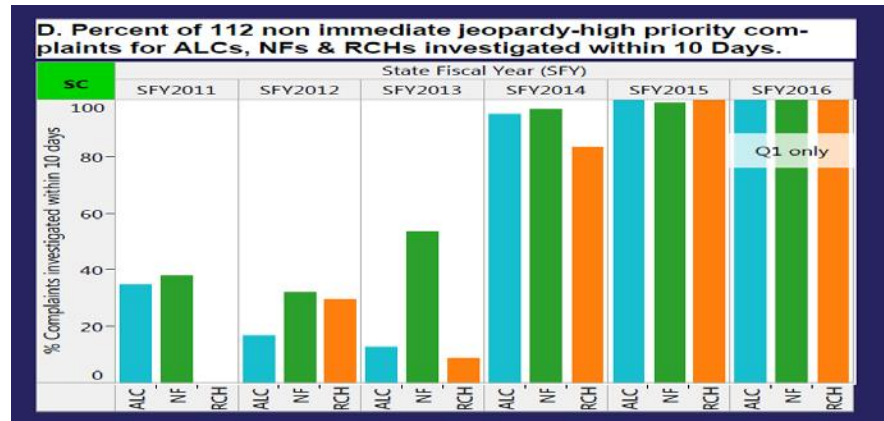
### **VACANCIES:**

During 2015, the Long Term Care Facility Advisory Board had the ability to conduct official business. The Long Term Care Facility Advisory Board had zero vacancies for 2015.

### **ACTIVITIES:**

The Long Term Care Facility Advisory Board met on a quarterly basis during 2015 to evaluate and review the standards and practices of the OSDH in the administration and enforcement of the provisions of the Nursing Home Care Act, the Residential Care Act, the Continuum of Care and Assisted Living Act, and the Adult Day Care Act. The Advisory Board received reports on emerging health care issues in long term care facilities; rule and regulation review; updates of the Quality Indicator Survey (QIS) process; updates on the awarded grant for a national background check system; legislative updates; neighborhood covenants; Nurse Aide Registry updates; proposed rule changes regarding nonprescription drugs in specialized facilities; and proposed rule changes regarding nonprescription drugs in residential care facilities.

The Long Term Care Service remains active in the recruiting of surveyors. Immediate Jeopardy complaints initiated within two days maintained at 100%. High priority complaints investigated within 10 days reached 99%.

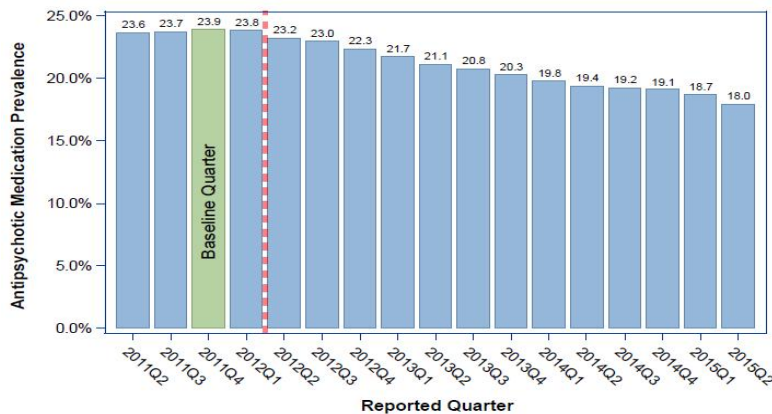


James Joslin, Director of Health Resources Development Services, presented Nurse Aide Registry updates and Long Term Care (LTC) Criminal History Screening updates throughout the year noting his department will be making application to Centers for Medicare and Medicaid Services for an available extension of the background check program grant. An additional \$400,000 was available to Oklahoma. Mr. Joslin later reported the supplemental award and grant extension were received for the period from April 2015 to March 2016. Staff has been added to accommodate the workload. Bids have been requested to increase the availability of fingerprinting sites. The administrative appeals process is approving about 50% of waivers on determinations of not eligible based on the criteria established in rule for evidence of rehabilitation. New findings of nurse aide abuse are being monitored and reviewed for whether they were processed under the new screening requirements. Further system enhancements continue with the Oklahoma State Bureau of Investigation relating to information exchange.

Wendell Short provided updates throughout the year on the work of the Ad Hoc Committee for Nurse Aide Investigations, which included the identification of opportunities to reduce abuse, neglect, exploitation and misappropriation. Currently, the average time from OSDH receipt to posting of notations on the registry is three days. The top cause of neglect results from making a one-person transfer when a two-person transfer is needed. In 2015, OSDH cited 45 deficiencies for failure to report allegations, investigate, make corrections, and report results. For 2015, 28 confirmed findings were made as of June 24, 2015 of abuse, neglect and misappropriation against nurse aides. Male nurse aides accounted for 20 findings, or 71% of cases. The Ad Hoc Committee went through a process to identify the most critical areas for improvement and narrowed it down to the following: nurse aide training, fulfilling the obligation to report incidents, and facility processes and policy development. The Committee also determined that there are five important data aspects to evaluate: know which residents are more at risk for abuse, factors that result in citations of neglect, common factors in incident reports, factors that result in citations of F225 (failure to report) and F226 (facility policies), and the efficacy of enforcement actions on abuse and neglect deficiencies.

At the April 8, 2015 Advisory Board meeting, Dr. Andrew Dentino presented on the progress of the Falls Ad Hoc Work Group. Oklahoma is ranked 47th nationally for falls, along with holding the rank of 44th lowest for healthy life expectancy. Oklahoma's composite score based on 13 health indicators is 10, which is higher than the national average. The 2019

national goal is six. Dr. Dentino went over the activities plan, which included the following: 1) activating stakeholders, 2) translating and diffusing knowledge, 3) measuring and reporting, 4) intervention development and deployment, and 5) policy, rules and regulations. Also addressed were considerations, assumptions, constraints, obstacles and risks. Resources that are available and resources needed were addressed. Dr. Dentino, in closing, presented a flow diagram that included: 1) inputs, 2) activities, 3) action items, 4) outputs, and 5) outcomes.



In 2015, the Centers for Medicare and Medicaid Services revised the national goal to a 20% reduction for the prevalence of antipsychotic use in residents with dementia. Oklahoma achieved that goal and matched the national prevalence rate at 18%.

At the July 8, 2015 Advisory Board meeting, Mike Cook, Director of the Long Term Care Service, presented a rule change regarding nonprescription drugs in nursing and specialized facilities. The proposed and approved rule change is as follows:

#### Chapter 675. Nursing and Specialized Facilities

##### Subchapter 9. Resident Care Services

##### 310:675-9-9.1. [AMENDED]

##### SUMMARY:

This proposal amends Oklahoma Administrative Code 310:675-9-9.1(i), which deals with bulk nonprescription drugs. This rule change removes a limitation on dispensing over-the-counter medications from bulk supplies of drugs maintained in nursing facilities. This change inserts verbatim language from the law concerning the ordering or authorizing of medications by a physician. This change deletes language which restricts the use of bulk over-the-counter medications to only as needed or unscheduled dosage regimens and only upon written order of a physician. This change will allow nursing facilities to dispense scheduled regimens of over-the-counter medications with an order or other authorization. This change brings the rule into conformity with the authorizing statute [Title 63 O.S. Section 63.1-1950(B)] which is permissive, rather than restrictive, regarding the dispensing of bulk over-the-counter medications based on a nonscheduled regimen.

At the July 8, 2015 Advisory Board meeting, Mike Cook, Director of the Long Term Care Services presented the rule changes regarding nonprescription drugs in residential care facilities. The proposed and approved rule change is as follows:

Chapter 680. Residential Care Homes  
Subchapter 13. Medication Storage and Administration  
310:680-13-2. [AMENDED]  
SUMMARY:

This proposal amends Oklahoma Administrative Code 310:680-13-2, which deals with bulk nonprescription drugs. This rule change removes a limitation on dispensing over-the-counter medications from bulk supplies of drugs maintained in residential care homes. This change inserts verbatim language from the law concerning the ordering or authorizing of medications by a physician. This change deletes language which restricts the use of bulk over-the-counter medications to only as needed or unscheduled dosage regimens and only upon written order of a physician. This change will allow residential care homes to dispense scheduled regimens of over-the-counter medications with an order or other authorization. This change brings the rule into conformity with the authorizing statute [Title 63 O.S. Section 63.1-1950(B)] which is permissive, rather than restrictive, regarding the dispensing of bulk over-the-counter medications based on a nonscheduled regimen.

**RECOMMENDATIONS:**

At the October 7, 2015 Advisory Board meeting, Dr. Henry Hartsell Jr., Deputy Commissioner Protective Health Services, recommended to continue the quality improvement approach to review the standards, practices and procedures of the OSDH regarding nurse aides. The Advisory Board agreed to continue the Ad Hoc Committee, with support from OSDH staff, to look at the system standards and evaluate how the OSDH handles nurse aide issues. The Ad Hoc Committee and the OSDH used the Plan, Do, Check, Act process during monthly meetings over a six month time span.

At the January 7, 2015 Advisory Board meeting, Dr. Andrew Dentino, Licensed General Practitioner, recommended to the board members to create an Ad Hoc Committee to use the quality improvement approach in order to determine issues concerning challenges to improve healthy aging for residents of nursing facilities. The following is the Aim Statement:

An opportunity exists to reduce the rate of falls with major injury in nursing facilities in Oklahoma, starting with a rate of 5.3% in September 2014, moving to 5.0% by June 2016, and to 3.0% by June 2019. This effort should increase physical, mental, social and emotional well-being and functioning of residents of nursing homes as currently measured in the composite scores, moving from 10.0 in June 2014, to 6.0 by June 2019. The process is important to work on immediately because falls are a significant cause of morbidity and mortality in older adults in nursing facilities. The baseline measurement is defined in the following metric: quarterly rate of falls with major injury in nursing facilities, and quarterly composite scores on 13 quality indicators from Centers for Medicare and Medicaid Services Minimum Data Set reports.

**COMMITTEE REPORTS:**

Chairman Dewey Sherbon formed a nomination committee to elect officers for 2016 at the July 8, 2015 meeting. It was the decision of the nominating committee on October 7, 2015 to nominate Wendell Short as Chair; Dr. Andrew Dentino as Vice Chair; and Joanna Martin as Secretary/Treasurer for the 2016 term.

**AGENDAS:**

The meeting agenda items addressed various aspects of the long term care industry. The Long Term Care Facility Advisory Board allocated time at each regular meeting to discuss other long term care issues that might become the responsibility of this Advisory Board at some future date. The Advisory Board looks forward to prioritizing and addressing important issues in 2016 with the benefit of a full complement of members.

**BOARD OFFICERS:**

Advisory Board Officers for 2016 are Wendell Short, Chair; Dr. Andrew Dentino, Vice Chair; and Joanna Martin, Secretary/Treasurer.

**MEETING SCHEDULE FOR 2016:**

The 2016 regular meetings are scheduled on January 13, April 13, July 13, and October 12.